

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090024 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/01/2015 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE MONROE SQUARE 1

**918 FITZGERALD STREET
MONROE, NC 28112**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| C 000 | Initial Comments Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on October 1, 2015. Records indicated that this Facility was first licensed on March 18, 1999. The facility is currently licensed for a total of 102 beds. Therefore the facility is required to meet 1996 (w/revisions) North Carolina State Building Code for Institutional Unrestrained Occupancy, the 1996 Rules for the Licensing of Adult Care Homes, and the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds. Physical plant deficiencies were noted which require a plan of correction. | C 000 | | |
| C 150 | Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on October 1, 2015: a. The egress pathway for the porch near Bedroom 19 was obstructed with old PTAC units, wood and other renovation items. | C 150 | Porch is cleared near bedroom 19 no obstruction | 11/4/15 |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Arnell James

TITLE

Executive Director

(X5) DATE

11/5/15

STATE FORM

0800

3UJT21

If continuation sheet 1 of 10

Division of Health Service Regulation

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| C 152 | Continued From page 1 | C 152 | | |
| C 152 | Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails or handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on October 1, 2015: a. The guardrails around the front porch were loose, and one section fell over when the wind blew hard. | C 152 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to | C 164 | Re-anchored guardrails around the front porch | 10/2/15 |

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| C 164 | Continued From page 2 provide necessary equipment to ensure clean potable water supply. Findings on October 1, 2015: a. Thought out the facility, most showers had a 2 1/2- inch step over threshold and hand held shower wands with hoses. These hoses were long enough to reach gray water and were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on October 1, 2015: a. Behind the Big Washer in the Bulk Laundry, there was a buildup of lint/trash and damaged gypsum wallboard wall. 3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on October 1, 2015: a. The connection of the commode to the floor was loose in Bathroom of Bedroom 43 4. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on October 1, 2015: a. The Dining Room serving casework needs refinishing. | C 164 | <i>vacuum breakers installed in every shower in facility</i> <i>Repaired wall board and installed approx. 150 feet of .090 in fiberglass sheathing</i> <i>Removed and repaired- reinstalled toilet in bathroom 43.</i> <i>Touch-up refinishing on casework will be completed</i> | <i>10/21/15</i> <i>10/22/15</i> <i>10/23/15</i> <i>11/15/15</i> |
| C 166 | Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS | C 166 | | |

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| C 183 | Continued From page 4 (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on October 1, 2015: a. The portable fire extinguishers #2 and #16 were over a month behind have their monthly inspections fully documented on the annual maintenance tags. b. In the Laundry, the portable fire extinguisher gauge indicated that recharging is required. | C 183 | | |
| C 184 | Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to | C 184 | Fire extinguishers #2 and #16 monthly inspections completed. Laundry fire extinguisher replaced. | 11/2/15 10/5/15 |

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| C 184 | Continued From page 5 properly post and maintain the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on October 1, 2015: a. The mounted evacuation diagram in the corridor near Bedroom 7 was improperly oriented. | C 184 | <i>mounted evacuation diagram properly oriented</i> | <i>10/5/15</i> |
| C 185 | Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on October 1, 2015: a. The facility has three working shifts daily, but only performed 3-second shift and 2 third shift fire drill rehearsals for the last 12 months. | C 185 | <i>facility will perform quarterly fire drills on each shift. Records of rehearsals will be maintained</i> | <i>11/5/15</i> |

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| C 189 | Continued From page 6 | C 189 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 1, 2015: a. All Cross Corridor doors that are automatic closing on fire alarm activation did not close when the fire alarm system was placed in alarm.</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because rain water was coming into the building. Findings on October 1, 2015: a. Rain water had enter the Bistro adjacent to the exterior door. b. Rain water had enter the Beauty shop adjacent to the exterior door.</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and</p> | C 189 | <p>Cross Corridor doors close when fire alarm activation. Repaired by Advanced Fire and Safety.</p> <p>Weather stripping to be installed on both Bistro and Beauty shop doors</p> | <p>10/2/15</p> <p>11/10/15</p> |

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| C 189 | Continued From page 7 visitors if smoke/fire is not contained in Room or compartment of origin. Findings on October 1, 2015: a. The porch near Bedroom 19 had deteriorating joints and incomplete patching of its fire-resistance-rated ceiling assembly. b. In Mech Room with unit 2, the cable bundle penetrating the fire-resistance-rated ceiling assembly had a one inch gap in it. c. The Mech Room near Bedroom 46 had sever penetrations of the fire-resistance-rated ceiling assembly sealed with orange foam. This orange foam may not be approved to seal these penetrations in fire-resistance-rated construction. d. In the basement, the trim board on the ceiling's perimeter had detached opening a gap into the floor/ceiling assembly. 4. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work. Findings on October 1, 2015: a. In the Living Room the exterior door, require more than normal effort to open because the door hits the floor. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on October 1, 2015: | C 189 | <p>Repatching fire-resistance rated ceiling near bedroom 19 rear porch</p> <p>Fire caulk installed in Mech Room with unit 2</p> <p>Orange foam removed and fire caulk installed Mech room near unit 46</p> <p>Trim board on ceiling perimeter re-anchored no open gaps</p> <p>Door adjusted to clear floor.</p> | <p>11/15/15</p> <p>10/21/15</p> <p>10/21/15</p> <p>10/21/15</p> |

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| C 189 | Continued From page 8 a. The fire sprinkler escutcheon plate had dropped down from the ceiling in the sprinkler riser room. b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling in the kitchen. 6. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on October 1, 2015: a. The Kitchen to Dining room door had a wedge holding the door open. | C 189 | Escutcheon plate repositioned with ceiling and fire Caulk installed. Wedge removed and contractor in place to install magnetic hold connected to fire panel. | 10/21/15 11/15/15 |
| C 191 | Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all | C 191 | | |

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| C 191 | Continued From page 9 residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on October 1, 2015: a. A portable electric heater was found in the Nursing Director's Office. | C 191 | Portable heater removed from facility | 10/2/15 |

Division of Health Service Regulation

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If continuation sheet 10 of 10